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Special Order

Date: June 12, 2015

SPECIAL ORDERS
15-130

To: All Sworn Personnel

From: Major Adan Mendoza

Re: Naloxone Policy

With the inception of the new naloxone program at the Santa Fe County Sheriff's Office, all personnel that attended or will be attending training will receive a copy of the new Naloxone policy. This policy will be effective immediately. Attached is a copy of the official policy.

SANTA FE COUNTY SHERIFF'S OFFICE

INTRA-NASAL NALOXONE POLICY

1.0 PURPOSE

The purpose of this policy is to establish broad guidelines and regulations governing the utilization of naloxone by trained deputies within the Santa Fe County Sheriff's Office (SFSO) under the medical authority of the Medical Director for the Santa Fe County Fire Department. The objective is to treat and reduce the severity of injuries and fatalities due to opioid-involved overdoses when SFSO deputies are the first to arrive at the scene of a suspected overdose.

2.0 POLICY

It is the policy of the Santa Fe County Sheriff's Office that all deputies shall assist any person(s) who may be suffering from an apparent opioid overdose should deputies arrive on site prior to emergency medical responders. Deputies are required to complete a Department of Health-approved training on naloxone for law enforcement and maintain current record of training completion.

3.0 REFERENCES

A. Sections 24-23-1 and 24-23-2, NMSA, 1978
B. 7.32.7 NMAC, "Authorization to Administer Opioid Antagonists"

4.0 DEFINITIONS

A. Naloxone - A prescription medication that can be used to reverse the effects of an opiate overdose. Specifically, it displaces opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks, including Narcan®.

B. Narcan Program Director – The Santa Fe County Sheriff's Office employee who manages the Opioid Antagonist Administration (Naloxone) Program.

C. Opioid – A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opiate drugs are narcotic sedatives that depress the activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. First responders often encounter opioids and opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet®), and hydrocodone (Vicodin®).

D. **Opioid Antagonist** – A drug that nullifies in whole or in part the administration of an opioid. The opioid antagonist is limited to naloxone or other medications approved by the New Mexico Department of Health.

E. **Opioid Antagonist Administration Program** – An organized program to administer an opioid antagonist in accordance with this policy.

F. **Opioid Antagonist Training Program** – A training program which prepares a person to administer an opioid antagonist as shown by best practices or recommended by the New Mexico Department of Health for an opioid antagonist administration program.

G. **Physician Medical Director** – A physician who is responsible for medical oversight of an opioid antagonist administration program, including providing for or ensuring the medical control of trained targeted responders; developing, implementing, and evaluating medical protocols; overseeing quality assurance activities, and ensuring compliance with the New Mexico board of pharmacy requirements.

H. **Trained Targeted Responder** – A person who has completed an authorized opioid antagonist training program and who administers opioid antagonists.

I. **Intra-nasal Naloxone Kit:** Should include the following:

1. Two (2) prefilled luer-lock syringes, without needles, each containing 2mg of naloxone in 2ml of solution, and within their manufacturer assigned expiration dates.
2. Two (2) mucosal atomizer device (MAD) tips, compatible with standard luer-lock syringes.
3. Instructions on overdose response and naloxone administration

5.0 PROCEDURES

A.Training

1. Prior to issuance of the naloxone kit, deputies shall be trained in opioid overdose recognition and response, including the administration of intra-nasal naloxone, by a trainer approved by the New Mexico Department of Health.

2. Deputies shall receive a refresher training every year, which may be done in conjunction with First Aid/Cardiopulmonary Resuscitation (CPR).

3. The Sheriff shall designate a member of the SFSO to serve as the Naloxone Program Director responsible for managing the SFSO Opioid Antagonist Administration Program.

B. Issuance

1. Naloxone kits will be issued to deputies, as trained targeted responders, under the prescriptive medical authority of the Physician Medical Director for the Santa Fe County Fire Department following completion of the training.

2. Naloxone will be provided in a clearly marked kit for intranasal administration.

a. Each intranasal naloxone kit shall include:

- Two (2) prefilled luer-lock syringes, without needles, each containing 2mg of naloxone in 2ml of solution, and within their manufacturer assigned expiration dates.
- Two (2) mucosal atomizer device (MAD) tips, compatible with standard luer-lock syringes.
- Instructions on overdose response and naloxone administration

3. All deputies are required to maintain the intranasal Naloxone kit and Cardiopulmonary Resuscitation (CPR) face mask in their assigned cruiser at all times while on duty.

4. The Santa Fe County Sheriff's Office will deploy its intra-nasal naloxone kits in the following primary locations:

☐ Each patrol unit (One)

C. Overdose Response and Use of Naloxone

1. Ensure scene safety for yourself and other first responders.
2. When using the intra-nasal naloxone kit officers shall adhere to universal precautions and follow the overdose response procedure as directed by this policy and the Department of Health Law Enforcement Naloxone Training: a. Determine non-responsiveness, absence or difficulty breathing
   b. Update dispatcher on potential overdose (Dispatcher will activate Emergency Medical Services)
   c. Assemble and administer first vial of intranasal naloxone

d. If after 2-3 minutes of administering first vial of naloxone, there is no improvement (victim remains unconscious, no independent breathing) administer second vial of naloxone.
e. If the individual remains non-responsive following administration of second vial of naloxone, consider initiating CPR.
f. All subjects who are given naloxone will require assessment by Emergency Medical Services (EMS) regardless of mental status.
g. The intranasal naloxone device shall be properly disposed of following administration.

D. The Naloxone Program Director shall:

1. Identify a physician medical director to oversee the opioid antagonist administration program;
2. Select and identify officers as trained targeted responders;
3. Maintain opioid antagonist administration training records for all trained targeted responders while they are active in the program, and for at least three (3) years thereafter;
4. Maintain opioid antagonist administration program records, including opioid antagonist inventory records, trained targeted responder training records, and opioid antagonist administration program usage records;
5. Ensure that all trained targeted responders are trained using an opioid antagonist training program, which shall be recommended by the Department of Health;
6. Provide evidence of coordination of the opioid antagonist administration program with local EMS services and emergency dispatch agencies, including 911 dispatch agencies;
7. Register the opioid antagonist administration program with the New Mexico Department of Health using the format outlined in *NMAC 7.32.7.12 Appendix A*;
8. Report all administrations of an opioid antagonist to the New Mexico Department of Health and the physician medical director using the reporting format outlined in the *NALOXONE Use Report (Attachment B)*;
9. Assist the physician medical director with quality assurance review of all opioid antagonist administrations;
10. Ensure that the opioid antagonist is maintained and stored in accordance with the manufacturer's guidelines;

11. Notify the local EMS of the activation and existence of the opioid antagonist administration program. The notification shall include:
    a. The name of the opioid antagonist administration's program director;
    b. The name of the physician medical director;
    c. The location of the program;
    d. The telephone number to reach the program director; and
    e. A copy of the medical director approved protocols.
12. Notify the local EMS in the event that the opioid antagonist administration program stops or cancels its operations;
13. Maintain a list of trained targeted responders

E. Trained Targeted Responders Shall:

1. Complete an initial opioid antagonist administration training program, which shall be recommended by the Department of Health;
2. At least every year, in association with CPR training, complete a refresher opioid antagonist administration training course from a Department of Health recommended training program;
3. Activate the EMS during any response to a victim of suspected drug overdose, and advise that an opioid antagonist is being used;
4. Comply with physician medical director protocols for response to victims of suspected drug overdose;
5. Report all responses to victims of suspected drug overdose to the agency's naloxone program director and physician medical director. After naloxone has been administered, the trained targeted responder shall complete the *NALOXONE Use Report (Attachment A)* and forward it through their chain of command to the naloxone program director and physician medical director. A copy of the report shall be submitted to the Department of Health by the 10th day of the month following the month in which the opioid antagonist was administered; and
6. Ensure that the opioid antagonist drugs and other supplies are maintained and used in accordance with the manufacturer's guidelines, and inspect the opioid antagonists' drug expiration date at least monthly.

6.0 REPORTING

After utilization of naloxone, members will:

A. Prepare a "Naloxone Usage Report" to include a description of the individual's condition, behavior, deployment of naloxone.

B. The above reports shall be reviewed and approved according to standard operating procedures and a copy will be submitted for review by the program coordinator.

7.0 STORAGE AND REPLACEMENT

A. Inspection of the intranasal naloxone kit shall be the responsibility of each deputy and shall be conducted each **month**.
   1. Check the expiration date found on either box or vial;
   2. Observe luer lock needleless syringe for any cloudiness in liquid or other indication of damage to the medication
   3. Check condition of Mucosal Atomizer Device (considered sterile for approximately 4-5 years).

B. Naloxone will be stored in department-issued storage containers to avoid extreme cold, heat and direct sunlight.

C. Missing, damaged or expired naloxone kit(s) will be reported directly to the on-duty commander. The on duty commander will then report issue to the program coordinator and to the property specialist.

D. Requests for replacement naloxone kit(s) will be submitted to the property specialist.

E. Supervisors shall conduct inspection of the naloxone kits on a **monthly** basis and denote the equipment's condition in the vehicle inspection report.

F. If one (1) dose in a kit is administered during the normal course of duty a replacement kit will be requested. A complete kit will be considered a kit with two (2) full doses, including 2 MAD devices and instructions on overdose response and naloxone administration.

Attachments:
A. Santa Fe County Sheriff's Office Naloxone Usage Report

B. Naloxone Storage Box Insert (Response Flow Chart and Naloxone Administration Graphic)